PATIENT EDUCATION

Stomach (gastric) cancer & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Stomach cancer can cause pain, early fullness, dark stools, or anemia. Some regions of the world see more of it; H. pylori, smoking, and certain inherited syndromes raise risk. Surgery and chemotherapy (and immunotherapy for some tumors) are the core. Radiation is used for selected preoperative or postoperative cases, for bleeding, or for a painful leftover mass.

What you may notice

- Fullness after small meals, indigestion that changed, or weight loss
- Vomiting, black stools, or feeling winded from anemia
- A family history of stomach or related cancers
- Trouble swallowing if the tumor is near the esophagus

Usual care — the big picture

Endoscopy makes the diagnosis. Staging laparoscopy is used in some centers before big surgery. Nutrition (including B12 and dumping later after surgery) is a long-term topic.

Where CureRays may fit. CureRays treats selected gastric beds or bleeding tumors with image guidance when the GI tumor board agrees. We will state if the aim is to help surgery, to add local control after surgery, or to stop bleeding. Confirm chemotherapy pairing.

What radiation treatment usually involves

- Review of endoscopy and staging
- Simulation with attention to stomach filling — we will tell you when to stop eating before a session
- Daily treatments; nausea plan from day one
- Coordination with surgical dates if this is preoperative

Immobilization — why it matters

A vac-bag and a fasting-or-snack rule keep the stomach position closer to the plan. Tell us about stents or a J-tube.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Nausea, fatigue, and appetite loss.**
- **Bowel change** if a large abdominal field is used.
- **Rare / serious.** Vomiting blood, black stools, fever, or obstruction.

What this means for you at CureRays

Ask whether radiation is standard for your stage or a special situation (bleeding, margin, unresectable). The answer should be specific.

Questions to ask

- Is surgery planned, and where does radiation sit?
- What may I eat on treatment days?
- How will bleeding be watched?
- Which vitamins or enzymes will I need after surgery (if I have it)?

How to schedule or learn more

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